LOBR	YINC	FRE	GISTR.	ATION	FORM
스타일 하는 보이를 하게 되었다.				토어린 하는 사람들은 살아가 되었다.	

To be used for initial registrations and renewals.

Instructions .

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Lithics, 2415 Quail Dr., 3rd Phoer, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a
 lobbyist or (2) first action requiring registration. Registrations expire as of
 December 31 unless a renewal is submitted between December 1 and January
 31.

1. NAME	DuCote,	Mary	м,
	1.29	Fast	MI
2. DUSINES	SSPHONE	225-763-8500	

Street and No.

Area Code and Phone Number

- 4. EMPLOYER Louisiana State Medical Society
- 5. EMPLOYER'S ADDRESS 6767 Perkins Road, #100, Baton Rouge, LA 70808
 Street and No. City State Zap
- 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

A CYCT Mandalan Band A100 Batter Banna Tt 7000B	
Address 6767 Perkins Road, #100, Baton Rouge, LA 70808	
Acceptance of the control of the con	31000

Does this person pay you?____Yes____

If No, who pays you?______

SAND DELIVERED

FOR OFFICE USE ONLY Postmark Date: 1/27 10/5

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Lobbyist's Registration Number

1022017

LOBBYING REGISTRATION FORM

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2.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
3.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?
4.	Name
	Address
	Business or purpose
	Does this person pay you?
	If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Labory ist

ATTACH
2' x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500, Rev 19,7002